	1 00-010
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
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ATTORNEY FOR (Name): Plaintiff GILBERT GUZMAN	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles	
STREET ADDRESS: 111 North Hill Street	
MAILING ADDRESS:	
CITY AND ZIP CODE: Los Angeles, CA 90012	
BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: Gilbert Guzman	
DEFENDANT/RESPONDENT: Space Exploration Technologies Corp., et al.	
2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER:
	BC 574495

TO (insert name of party being served): SPACE EXPLORATION TECHNOLOGIES CORP., a Delaware Corporation

NOTICE

The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing: March 16, 2015 Michael Bew (TYPE OR PRINT NAME) (SIGNATURE OF SENDER-MUST NOT BE A PARTY IN THIS CASE) (E) P. ACKNOWLEDGMENT OF RECEIPT This acknowledges receipt of (to be completed by sender before mailing): X A copy of the summons and of the complaint. (1)2. X Other: (specify): Voluntary Efficient Litigation Stipulations, Civil Case Cover Sheet, Civil Case Cover Sheet Addendum, Notice of Case Assignment 1.) (0) (To be completed by recipient): Date this form is signed: 3 25115 (TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF ON WHOSE BEHALF THIS FORM IS SIGNED)

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X. Cardaci Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3 Delivery address different from Item 12 Yes	
1. Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yés If YES, enter delivery address below: ☐ No	
Christopher Cardaci SpaceX		
1030 15th Street, NW, Suite 220E Washington, D.C.	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mall □ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7013 2630 0002 3346 2660		
PS Form 3811, July 2013 Do nestic Return Receive		